

DOMESTIC  
NONPROFIT CORPORATION

STATE OF MAINE

CHANGE OF CLERK/SECRETARY  
and/or  
ADDRESS

\_\_\_\_\_  
Deputy Secretary of State

A True Copy When Attested By Signature

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13 MRSA §934](#) the undersigned corporation executes and delivers for filing the following Change of Clerk and/or Address:

**FIRST:** ("X" all boxes that apply)

- A.** ☐ change of address
- B.** ☐ change of clerk and address
- C.** ☐ change of clerk
- D.** ☐ change in name of current clerk

**SECOND:** The name and address of the clerk appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current clerk)

\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** Complete this Item as follows based on your selection in Item First:

- A.** The new address (provide address information only);
- B.** The name and address of the **new** clerk (provide name and address information);
- C.** The name of the **new** clerk (provide name only); **OR**
- D.** The new name of the current clerk (provide name only).

\_\_\_\_\_  
(name of new clerk or new name of current clerk)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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(1) \*This document **MUST** be signed by the clerk or secretary

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- ☐ Hold for pick up  
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)  
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)